## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/522706

| CLAIMS AS FILED - PART I   |  |  |  |                                   |  |  |              | SMALL ENTITY       |                        | OR                         | OTHER THAN SMALL ENTITY |                        |
|--|--|--|--|-----------------------------------|--|--|--------------|--------------------|------------------------|----------------------------|-------------------------|------------------------|
| <u> </u>   |  |  | (Column 1)   |                                   |  | Column 2)                              |              | · ·                |                        | 7                          |                         | T                      |
| U.S  | . NATIONAL                                     | STAGE FEES                                   | arrended   |                                   |  |  | ↓            | RATE               | FEE                    | 1                          | RATE                    | FEE                    |
| BASIC FEE  |  |  | SMALL ENT. = \$ 150  |                                   | LARGE ENT. = \$ 300                    |  | B            | ASIC FEE           |                        | OR                         | BASIC FEE               | 300                    |
| EXAMINATION FEE  |  |  | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                     |                                   | All other situations = \$ 100 / \$ 200 |  | E            | XAM. FEE           |                        | ]                          | EXAM. FEE               | 200                    |
| SEARCH FEE   |  |  | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                                   |  | All other situations = \$ 250 / \$ 500 |              | EARCH FEE          |                        |                            | SEARCH FEE              | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |  |  | minus 100 =  |                                   |  | / 50 =                                 |              | X \$ 125 =         |                        |                            | X \$ 250 =              |                        |
| TOTAL CHARGEABLE CLAIMS  |  |  | minus 20 = *   |                                   |  |  |              | X \$ 25 =          |                        | OR                         | X \$ 50 =               |                        |
| IND  | EPENDENT CL                                    | AIMS   | minus 3 = *  |                                   |  |  |              | X \$ 100 =         |                        | OR                         | X \$ 200 =              |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PR                                | ESENT  |                                   |  |  |              | + \$ 180 =         |                        | OR                         | + \$ 360 =              |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |  |  |                                   |  |  | <i>-</i> L   | TOTAL              |                        | OR                         | TOTAL                   | 900                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |  |  |  |                                   |  |  | SMALL ENTITY |                    | OR                     | OTHER THAN<br>SMALL ENTITY |                         |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    |  | HIGH<br>NUMI<br>PREVIO<br>PAID    | BER<br>OUSLY                           | PRESENT<br>EXTRA                       |              | RATE               | ADDI-<br>TIONAL<br>FEE |                            | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 26   | Minus  | * 20                              | <u></u>                                | = 6                                    |              | X \$ 25 =          |                        | OR                         | X \$ 50 =               | 300                    |
|  | Independent                                    | • 3  | Minus  | ··· 3                             | }                                      | = 0                                    |              | X \$ 100 =         |                        | OR                         | X \$ 200 =              |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |                                   |  |  |              | + \$ 180 =         |                        | OR                         | + \$ 360 =              |                        |
|  | <del></del>                                    |  |  |                                   |  |  | TO           | OTAL ADDIT.<br>FEE |                        | OR                         | TOTAL ADDIT.<br>FEE     | 300                    |
|  |  | (Column 1)                                   |  | (Colun                            | nn 2)                                  | (Column 3)                             |              |                    |                        |                            |                         |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    |  | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER<br>OUSLY                           | PRESENT<br>EXTRA                       |              | RATE               | ADDI-<br>TIONAL<br>FEE |                            | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *  | Minus  | **                                |  | =                                      |              | X \$ 25 =          |                        | OR                         | X \$ 50 =               |                        |
|  | Independent                                    | *  | Minus  | ***                               |  | = .                                    | >            | <b>(\$100 =</b>    |                        | OR                         | X \$ 200 =              |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |                                   |  |  | 1            | + \$ 180 =         |                        | OR                         | + \$ 360 =              |                        |
|  |  |  |  |                                   | _                                      |  | TO           | TAL ADDIT.<br>FEE  |                        | OR                         | TOTAL ADDIT.<br>FEE     |                        |
|  |  |  |  |                                   |  |  |              |                    | •                      |                            |                         |                        |
| *  | If the entry in colu<br>If the "Highest Nu     | mn 1 is less than the<br>mber Previously Pak | e entry in column  | 2, write "0" in<br>SPACE is less  | column<br>than '20'                    | 3.<br>, enter "20".                    |              |                    |                        |                            |                         | ļ                      |

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.